Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

If you need these materials translated, please contact the main office of your child's school.

Albanian / shqiptar
Ne qofte se ju do te deshironit dokumentat te perkthyer ne gjuhen shqip. Ju mund ti kerkoni ne zyren qendrore te shkolles du eshte femija juaj.

Arabic / العربية
اذا كنت بحاجة الى هذه المواد المترجمة، يرجى الاتصال بالمكتب الرئيسي للمدرسة طفلك.

Chinese / 汉语
如果您需要翻译这些材料，请联系您孩子学校的主要办公室。

French / français
Si vous avez besoin de traduire ces documents, veuillez communiquer avec le bureau principal de l'école de votre enfant.

German / Deutsch
Wenn Sie diese Materialien benötigen, wenden Sie sich bitte an das Hauptbüro der Schule Ihres Kindes.

Greek / ελληνικά
Αν χρειάζεστε αυτά τα υλικά μεταφραστεί, παρακαλούμε επικοινωνήστε με το κεντρικό γραφείο του σχολείου του παιδιού σας.

Hindi / हिंदी
आप इन सामग्रियों अनुवाद की जरूरत है, अपने बच्चे के स्कूल के मुख्य कार्यालय से संपर्क करें।

Italian / italiano
Se avete bisogno di questi materiali tradotti, si prega di contattare la sede della scuola di vostro figlio.

Japanese / 日本語
これらの資料を翻訳する必要がある場合は、お子様の学校の本店にお問い合わせください。

Korean / 한국어
이러한 자료가 번역되어 필요하면 자녀 학교의 본사에 연락하십시오.

Polish / Polskie
Jeśli potrzebujesz tych materiałów przetłumaczone, skontaktuj się z głównym biurem w szkole Twojego dziecka.

Portuguese / português
Se você precisar traduzir esses materiais, entre em contato com o escritório principal da escola de seu filho.

Russian / русский
Если вам нужны эти материалы переведены, пожалуйста, обращайтесь в главный офис школы вашего ребенка.

Spanish / Español
Si necesita traducir estos materiales, comuníquese con la oficina principal de la escuela de su hijo.

Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

Residency Protocol and Enrollment

In order to attend schools in the Wachusett Regional School District, a student must actually reside in one of the five towns: Holden, Paxton, Princeton, Rutland, or Sterling. The residence of the minor child is presumed to be the legal, primary residence of the parent(s) or guardian(s) who have physical custody of the child.

"Residence" is the primary place where a person dwells permanently, not temporarily, and is the place that is the center of his or her domestic, social, and civic life. Temporary residence in any of the towns included in the District, solely for the purpose of attending Wachusett District schools, shall not be considered residency.

In determining residency, Wachusett Regional School District reserves the right to request a variety of documentation and to conduct an investigation into where a student actually resides. Because residency can, and does, change for students and their families during the course of the academic year, Wachusett Regional School District may continue to verify residency after the commencement of classes.

Verification

Before any child is assigned or invited to attend a school in the Wachusett Regional School District, his/her parent or legal guardian must provide one item from each column in the following table as proof of primary residence. Applications for registration cannot be processed without these documents.

Column A (must provide one)	**Column B (must provide one)**	**Column C (must provide one)**
Evidence of Residency	**Evidence of Occupancy**	**Evidence of Identification**
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing address within WRSD	Valid driver's license
Copy of lease and record of recent rental payment	Gas bill	Valid MA photo ID card
Landlord Affidavit and recent rental payment	Oil bill	Valid passport
Section 8 Agreement	Electric bill	
	Home telephone bill (not cell phone)	
For all new construction, must provide a Certificate of Occupancy	Cable bill	
	Excise tax bill	

Further clarification:
Any student who has a split residency due to joint physical custody will be granted enrollment in the District and/or allowed to remain with proof that the child is living at least 50% of the time within the District. A court document that references 50/50 custody will verify the child's living arrangement.

This residency policy does not apply to homeless students.

Any family that is able to provide the required proofs of residency may download the registration form and other pertinent documents, complete them totally, and make an appointment directly with school in which the child will be enrolled.

If your personal circumstances make it impossible for you to provide the required proof of residency, consult the Student Services Manager at the Central Office, 1745 Main Street, Jefferson, Massachusetts 508-829-1670 x 237.

If you share housing with a friend or relative, you may use the landlord/shared tenancy affidavit to fulfill one of the proof of residency requirements. The person that you are living with must complete the residency affidavit to affirm your residence. If you are temporarily residing with a friend or relative due to economic hardship, loss of housing, or a similar reason, you may qualify as homeless under the No Child Left Behind Act. Homeless families are not required to produce the same proof of residency. Please contact the Student Services Manager at the Central Office, 1745 Main Street, Jefferson, Massachusetts 508-829-1670 x 237 for assistance in registering your child.

Penalties
Families found to be in violation of the residency policy will face strict penalties, including:

- Immediate dismissal from school
- Per diem fines for the educational and related services accessed as a nonresident, which are based on the number of days the student attended school and the average per pupil cost to the district
- Possible legal action

The following documents should be completed in full. An appointment can then be made with the school to submit the completed documents for consideration and enrollment.

Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

STUDENT REGISTRATION

Student Information (please print)

Name: _____
Last name *First name* *Middle Name*

Preferred Name: _____ **Primary Phone:** _____

Age: _____ **Date of Birth:** _____ **Gender:** _____ **Birthplace:** _____

School your child will attend: _____ **Starting Date:** _____

Entering Grade level: _____ **Are you applying for full-day kindergarten:** ☐ **Yes** ☐ **No**

Previous School _____ **Phone**_____

Previous School Address:_____
Street *City* *State* *Zip*

Home Address

Street, Apt/Suite: _____

City, State, Zip: _____

Mailing Address

Street, Apt/Suite: _____

City, State, Zip: _____

Additional Mailing Information

Name, City, State, Zip: _____

Additional Information

Is there documentation as it pertains to a separated/divorced status and custodial rights? ☐ **Yes** ☐ **No**
Is the student a foster child under the Massachusetts Division of Social Services? ☐ **Yes** ☐ **No**
Is the student a "Ward of the Court"? ☐ **Yes** ☐ **No**

Federal Ethnicity and Race Information

Is this student Hispanic or Latino? ☐ **Yes** ☐ **No**

Student's race: ☐ **(A) Asian** ☐ **(B) Black / African American** ☐ **(I) American Indian / Alaska Native**
☐ **(P) Native Hawaiian / Other Pacific Islander** ☐ **(W) White**

Name of student _____

Family Information (please print)

Student Resides with: ☐ **Both Parents** ☐ **Mother** ☐ **Father** ☐ **Guardian** ☐ **Other**

Parents are: ☐ **Together** ☐ **Separated** ☐ **Divorced** ☐ **Deceased**

Parent _____	**Parent** _____
Home Phone _____	**Home Phone** _____
Cell Phone _____	**Cell Phone** _____
Email Address _____	**Email Address** _____
Employer _____	**Employer** _____
Work Phone _____	**Work Phone** _____

Step-parent _____ **Step-parent** _____

Step-parent Home Phone: _____ **Step-parent Home Phone:** _____

Step-parent Cell: _____ **Step-parent Cell:** _____

Step-parent email: _____ **Step-parent email:** _____

Step-parent Employer: _____ **Step-parent Employer:** _____

Step-parent Work Phone: _____ **Step-parent Work Phone:** _____

Other Guardian _____ **Other Guardian** _____

Other Guardian Home Phone: _____ **Other Guardian Home Phone:** _____

Emergency Contact Information (other than parent)

Emergency Contact 1 : _____ **Relationship:** _____

Emergency Contact 1 Phone: _____ ☐ **Work** ☐ **Home** ☐ **Cell**

Emergency Contact 2 : _____ **Relationship:** _____

Emergency Contact 2 Phone: _____ ☐ **Work** ☐ **Home** ☐ **Cell**

Doctor: _____ **Phone:** _____

Dentist: _____ **Phone :** _____

Medical Condition : _____

School Messenger Information

School Messenger is an automated telephone notification system used by schools to contact parents in the event of inclement weather cancellations or delays as well as important events happening in the school or the district. The notifications will be delivered to the primary phone number listed on front page of the registration form.

Signature of Parent / Guardian _____ **Date** _____

Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

Home Language Survey

Name of School_____ **Date:**_____

State and federal law require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students.
If a language other than English is spoken in the home, the District is required to do further assessment of your child.
Please help us meet this important requirement by answering the following questions accurately. Thank you for your assistance.

Student Information

_____ ☐ F ☐ M

First Name **Middle Name** **Last Name** **Gender**

_____ _____/_____/_____ _____/_____/_____

Country of Birth **Date of Birth (mm/dd/yyyy)** **Date first enrolled in ANY U.S. school (mm/dd/yyyy)**

School Information

_____/_____/_____ _____ _____

Start Date in New School (mm/dd/yyyy) **Name of Former School and Town** **Current Grade**

Questions for Parents / Guardians

What is the native language of each parent/guardian? (circle one) _____ mother / father / guardian _____ mother / father / guardian	**Which languages are spoken with your child?** (include relatives - grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	**Which language do you use <u>most</u> with your child?** _____
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	**Which languages does your child use? (circle one)** _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? ☐ **Yes** ☐ **No**	**Will you require an interpreter/ translator at ParentTeacher meetings?** ☐ **Yes** ☐ **No**
Parent / Guardian Signature: **x**_____	_____/_____/_____ **Today's Date (mm/dd/yyyy)**

Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

REQUEST FOR STUDENT RECORDS

TO WHOM IT MAY CONCERN:

I hereby give permission to:_____

_____

_____

_____

to forward the records specified below and belonging to:

_____ _____

Name of Student Date of Birth

(____) Transcript of record
(____) Scores of standardized tests
(____) Health Record (including immunizations)
(____) Individualized Education Program and related assessments
(____) Other available guidance information (i.e. teacher/counselor evaluations, extracurricular activities, etc.)
(____) Disciplinary Record
(____) English Language Learner (ELL Information)
(____) Other (please specify)_____

_____

_____

_____ _____

Signature of Parent/Guardian or Student Date

Send to school to be enrolled: _____

_____

_____

1745 Main Street, Jefferson, MA 01522
Telephone: (508) 829-1670 Facsimile: (508) 829-1680
www.wrsd.net

WACHUSETT REGIONAL SCHOOL DISTRICT
KINDERGARTEN DEVELOPMENTAL HISTORY

Student's Name _____ Male ☐ Female ☐
Last First Middle

Home Address _____ Telephone No. _____

Birth Place _____ Birth Date _____

Do you feel that your child was delayed in any of the following:

Sitting	Yes ☐	No ☐	Toilet training	Yes ☐	No ☐
Crawling	Yes ☐	No ☐	Feeding self	Yes ☐	No ☐
Walking	Yes ☐	No ☐	Premature birth	Yes ☐	No ☐
Using simple words	Yes ☐	No ☐	Normal delivery	Yes ☐	No ☐
Using full sentences	Yes ☐	No ☐	Comments: _____		

Has your child attended nursery school? Yes ☐ No ☐ Where? _____ For how long? _____

The following questions refer to problems in such areas as hearing, vision, speech, language, and physical, intellectual, social and emotional development.

Do you have any reason to suspect your child might be in need of any special services or considerations in his/her school setting or curriculum? Yes ☐ No ☐ If Yes, please explain: _____

Has your child ever been evaluated for any condition or problem which might have a bearing on school performance?
Yes ☐ No ☐ If Yes, please explain: _____

Were the recommendations carried out? Yes ☐ No ☐ Please explain: _____

Would information regarding this evaluation and/or treatment be available for the appropriate school personnel?
Yes ☐ No ☐
If Yes, please give name(s) and address(es) of person(s) or agency(ies) from whom this information may be obtained:
_____

Is your child presently enrolled in any special school program? Yes ☐ No ☐
If Yes, please explain: _____

What words best describes your child?

☐ shy	☐ self-confident	☐ cooperative
☐ happy	☐ jealous	☐ affectionate
☐ excitable	☐ nervous	☐ negative
☐ talkative	☐ other_____	

Which hand does your child prefer? ☐ right ☐ left

What words best describe your child's feelings about coming to school?

☐ enthusiastic	☐ eager	☐ fearful	☐ happy
☐ indifferent	☐ apprehensive	☐ other _____	

Is your child's speech easily understood by strangers? _____

Does he/she have a speech difficulty? _____

Does your child have any fears, such as:

☐ thunderstorms	☐ being alone
☐ the dark	☐ dogs or other animals
☐ noises	☐ other _____

Does your child have any special problems?

☐ vision ☐ hearing ☐ eating
☐ nail-biting ☐ finger-sucking ☐ bed-wetting
☐ speech ☐ stubbornness ☐ temper-tantrums
☐ "accidents" in pants ☐ environmental allergies (pollen, etc.)
☐ other If so, please list _____

Does your child have any physical condition that would prevent him/her from participating in an active kindergarten program?

Yes ☐ No ☐ If Yes, please explain: _____

Does your child play with:

☐ brother/sister ☐ alone ☐ younger children
☐ older children ☐ neighborhood children ☐ one close friend

Has your child had any of the following experiences?

☐ library ☐ public park ☐ beach
☐ airplane trip ☐ bus trip ☐ bank
☐ camping ☐ train trip ☐ other_____

Can your child:

☐ zip ☐ button
☐ snap ☐ dress self ☐ stay willingly with a relative
☐ tie shoes ☐ take care of toilet needs ☐ stay willingly with others
☐ stay willingly with a babysitter

Does your child use at home:

☐ scissors ☐ crayons ☐ paste or glue
☐ puzzles ☐ pencils ☐ paint
☐ clay ☐ blocks ☐ books

Previous School experiences:

☐ Head Start ☐ religious school ☐ None
☐ nursery school-where & for how long? _____

Please describe briefly your child's nursery/preschool experience: _____

May we have permission to contact your child's preschool? _____

Is your child able to:

☐ identify colors ☐ print his/her name ☐ count to 10
☐ count higher than 10 ☐ identify numbers 1-10 ☐ count objects to 10
☐ identify numbers 10-20 ☐ identify alphabet letters ☐ count objects to 20
☐ listen to and follow directions ☐ identify shapes ☐ pick up after him/herself

☐ complete tasks begun ☐ tell his/her full name ☐ tell his/her phone number
☐ occupy self with quiet play ☐ tell left from right ☐ sit and listen to a story
☐ tell his/her address

Thank you for taking the time to supply us with this information. Your cooperation is appreciated. If there is any other information you feel the school should know, please note it at the bottom of this sheet.

Information supplied by:

_____

Signature of Parent/Guardian **Relationship to Student** **Date**

DO NOT WRITE BELOW THIS LINE

GRADE _____ **BIRTH CERTIFICATE VERIFIED** _____ **NURSE INITIALS** _____ **DATE** _____

Wachusett Regional School District
Health History

Child's Name: _____

Sex: _____ **Birth date:** _____

Address: _____

Phone: _____

Physician: _____

Dentist: _____

Please check if your child has any of the following and explain below:

GENERAL HEALTH:
Hospitalizations/Operations? _____
Under care of specialist physician? _____
Take medication regularly? Yes/No
If yes, what is medication taken for?
_____
_____
Any physical restrictions? _____
Sleep well? _____
Good appetite? _____
Any accidents/fractures/injuries? _____
Explain:
_____
_____
_____

ALLERGIES:
Food: _____
Bees: _____
Latex: _____
Eczema: _____
Medications: _____
Gluten: _____
Seasonal: _____
Prescribed Epi-Pen: _____
Explain:
_____
_____
_____

RESPIRATORY:
Asthma? _____
Inhaler use regularly? _____
Nebulizer use? _____
Explain:
_____
_____

IMMUNIZATIONS:
Up to date: _____
Exemptions or defer vaccines: _____
Explain:
_____
_____

EARS, NOSE, THROAT:
Frequent ear infections? _____
Hearing/Speech Issues? _____
Ear tubes? _____
Frequent Strep Throat? _____
Frequent nosebleeds? _____
Dental Issues? _____
Explain:
_____
_____

URINARY/GASTROINTESTINAL:
Frequent UTIs: _____
Pain when urinating: _____
Pain with bowel movement: _____
Constipation Issues: _____
Frequent stomachaches: _____
Food Intolerance: _____
Ability to wipe/toilet independently? Yes/No
Explain:
_____
_____

SKIN:
Frequent rashes: _____
Eczema: _____
Hives: _____
Explain:
_____
_____

EYES:
Wear glasses/contacts: _____
Followed by ophthalmologist for vision concerns: _____
If so, physician name: _____
Referred school vision exam: _____

CARDIOVASCULAR:
Any current/past heart problems: _____
Followed by cardiologist: _____
Explain:
_____
_____

SKELETAL:
Complaints of leg, arm, back, or joint pains: _____
Any back problems/scoliosis: _____
Any limping/hip issues: _____
Explain:
_____
_____

NOTE: No medication can be given at school without written orders from the physician and parent signature. See medication order policy and forms.

Parent/Guardian Signature:

_____

Date: _____

Health Care Provider's Examination

Name _____ ☐ Male ☐ Female Date of Birth:_____
Medical History _____

Pertinent Family History

Current Health Issues

Y N
☐ ☐ Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen®: ☐ Yes ☐ No
☐ ☐ Asthma: Asthma Action Plan ☐ Yes ☐ No (*Please attach*)
☐ ☐ Diabetes: ☐ Type I ☐ Type II
☐ ☐ Seizure disorder: _____
☐ ☐ Other (*Please specify)* _____

Current Medications (if relevant to the student's health and safety) *Please circle those administered in school; a separate medication order form is needed for each medication administered in school.*

Physical Examination
Date of Examination:_____
Hgt: _____(_____%) Wgt:_____(_____%) BMI: _____(_____%) BP: _____
(Check = Normal / If abnormal, please describe.)
☐ General _____ ☐ Lungs _____ ☐ Extremities _____
☐ Skin _____ ☐ Heart _____ ☐ Neurologic _____
☐ HEENT _____ ☐ Abdomen _____ ☐ Other _____
☐ Dental/Oral _____ ☐ Genitalia _____

Screening

Vision:	Pass	Fail	Hearing:	Pass	Fail
Right Eye	☐	☐	Right Ear	☐	☐
Left Eye	☐	☐	Left Ear	☐	☐
Postural Screening (Scoliosis/Kyphosis/Lordosis):	☐	☐	Stereopsis	☐	☐

Laboratory Results:
Lead _____ ☐ ☐ Date _____
Other _____
The entire examination was normal: ☐

Targeted TB Skin Testing: ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors): Date of PPD: ____; Results: ____mm.
Referred for evaluation to: _____ ☐ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:
☐ Vision ☐ Hearing ☐ Speech/Language ☐ Fine/Gross Motor Deficit
☐ Emotional/Social ☐ Behavior ☐ Other

Comments/Recommendations: _____

☐Y ☐ N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:_____

☐ Y ☐ N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

_____
Printed Name of Examiner Signature of Examiner *Circle:* MD, DO, NP, PA Date

_____
Group/Practice Telephone

_____
Address City State Zip Code

Please attach additional information as needed for the health and safety of the student MDPH 01/25/07

Massachusetts Department of Public Health
CERTIFICATE OF IMMUNIZATION

Name: _____

Date of Birth: ____/____/_____ **Sex:** ☐ **Female** ☐ **male**

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date/Vaccine Type	**Vaccine**		Date/Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		***Haemophilus influenza* type b** (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1			4	
	2		**Measles, Mumps, Rubella** (MMR)	1	
	3			2	
	4		**Varicella** (Var)	1	
	5			2	
	6		**Hepatitis A** (HepA)	1	
	7			2	
Polio (e.g., IPV, DTaP-HepB-IPV)	1		**Pneumococcal Polysaccharide** (PPV23)	1	
	2			2	
	3		**Influenza** Inactivated (Intramuscular) or Live (Intranasal)	1	
	4			2	
Pneumococcal Conjugate (PCV7)	1			3	
	2		**Other:**		
	3				
	4				

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

Chickenpox History

☐ Check the box if this person has a physician-certified reliable history of chickenpox.

Reliable history may be based on:
- physician interpretation of parent/guardian description of chickenpox
- physical diagnosis of chickenpox, or
- serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name *(please print)*_____ **Date:**____/____/

Signature:_____

Facility/Practice Name:_____